Entity Name: WEHAVEAFACE.ORG INC.

Current Principal Place of Business:
7035 BRANCH COURT
SAINT CLOUD, FL 34771

Current Mailing Address:
7035 BRANCH COURT
SAINT CLOUD, FL 34771

FEI Number: 47-4075248
Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:
UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD., SUITE A
TAMPA, FL 33612 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 
Electronic Signature of Registered Agent

Officer/Director Detail:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
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<tbody>
<tr>
<td>PD</td>
<td>VALVANO, JAMES</td>
<td>7035 BRANCH COURT</td>
<td>SAINT CLOUD FL 34771</td>
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<td>T</td>
<td>GERIG, ANTOINETTE</td>
<td>7035 BRANCH COURT</td>
<td>SAINT CLOUD FL 34771</td>
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<td>D</td>
<td>NEBLETT, CHRISTINA</td>
<td>7035 BRANCH COURT</td>
<td>SAINT CLOUD FL 34771</td>
</tr>
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<td>V</td>
<td>VALVANO, AMELIA C</td>
<td>7035 BRANCH COURT</td>
<td>SAINT CLOUD FL 34771</td>
</tr>
</tbody>
</table>

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES VALVANO
Electronic Signature of Signing Officer/Director Detail

PRESIDENT/FOUNDER 02/11/2016

Date